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ABSTRACT

This research documents the development and empirical testing of a theoretically based training program aimed at reducing debilitating anxiety and increasing the skills required for successfully coping with stressful situations in the school setting. The intervention used is an integrated approach incorporating relaxation and deep- breathing training designed to deal with Emotionality (physiological arousal); cognitive restructuring techniques aimed at moderating Worry (self-directed ruminations which distract attention from the task); and specific skills training designed to remedy Skill Deficits (poor study habits, inadequate social skills). Preliminary analyses indicate that the combined treatment group is more effective than treatments dealing with single components of anxiety. Further evaluation of the intervention's effectiveness in reducing anxiety and its negative consequences is in process. (Author/LPB)

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SCHOOL STRESS MANAGEMENT TRAINING:

AN INTEGRATED APPROACH

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INTRODUCTION

Anxiety, its antecedents and consequences, have become a major focus in both educational and psychological research. This concern has been well documented in the almost exponential rise in research dealing with this construct. Despite this concentration of research, however, a single unifying concept of anxiety has failed to emerge. A brief survey of the literature reveals numerous labels being used interchangeably in the discussion of anxiety. Examples include neurotic anxiety, stress, fear, phobia, objective anxiety, and tension. In spite of this confusion, three general camps have been delineated that correspond to major theoretical orientation. These three are psychoanalytic, S-R or behavioral, and cognitive.

Psychoanalytic Theory and Anxiety:

A significant aspect of the psychoanalytic approach or orientation to anxiety is that it (the psychoanalytic orientation) deals primarily with the early experiential and developmental causes of anxiety. The relationship between mother and child is considered to be one of the more influential factors leading to the development of anxiety in the child. As a matter of fact, Sarason relegates the effects of the school to a minimal level in the development of anxiety, stating, "...these worries stem more from the basic personality processes of the children than from the immediate conditions within the school situation itself." These personality processes are seen as developing early in childhood as a result of mother-child interactions. With regard to school anxiety, this theoretical approach argues that these (anxiety) feelings and the concommitant poor performance in school stem from the fact that failure in school symbolizes negative evaluation by the teacher-parent to the child. Intervention focus within a psychoanalytic interpretation of anxiety is on intra-psychic conflict

resolution, with primary emphasis on explicating unconscious processes having their development in early childhood experiences, primarily mother-child interactions.

S-R or Behavioral Theory and Anxiety:

Within an S-R or learning framework, all behavior is interpreted in terms of stimuli and responses. Thus fear and anxiety are defined as learned responses or behaviors which are associated with external cues or stimuli. These stimuli are often initially neutral and become conditioned to induce fear through either classical conditioning or operant conditioning paradigms. The development of test anxiety is readily interpreted in this fashion. When a student first encounters the idea of a test, it is likely to be a neutral stimulus. However, as soon as it becomes associated with evaluation and real or perceived failure, then the test itself becomes a stimulus which anticipates or signals potential failure. Therefore, the test will evoke an anxiety response which might consist of autonomic responses and emotional responses such as lack of concentration, restlessness, and other behaviors which tend to interfere with performance on school-related activities. Anxiety reduction interventions based on this type S-R interpretation of anxiety basically attempt to recondition new behavior responses which are incompatible with an anxiety response to the stimuli which presently evoke an anxiety response. Examples of such treatments include Wolpe's systematic desensitization techniques and its many derivatives.

Cognitive Theory and Anxiety:

A cognitive theoretical stance proposes that man is a planning, thinking organism, and that his behavior, including anxious behavior, is determined largely by cognitive processes. These theorists place primary emphasis on conscious

processes, as opposed to the concern with unconscious processes within the psychoanalytic model discussed earlier. Furthermore, cognitive theorists are concerned with investigating how anxiety is determined by, or is dealt with by, self-initiated sequences of behavior and cognition, as opposed to the S-R model discussed earlier which is concerned with examining automatic conditioned responses to external environmental stimuli. Within the cognitive framework, test anxiety may be interpreted as a response to what the individual tells him or herself about the test in general. Examples of such important "self-talk" include, "this is too hard for me," "I'm bound to fail, and when I do what will everyone think of me," and "I never do well on tests, this one certainly won't be any different." The test-anxious student typically engages in self-talk that is "self-relevant" and "task-irrelevant." The intervention focus within this cognitive framework is on restructuring the individual's cognitions and perceptions from an inappropriate or maladaptive nature to an appropriate or adaptive nature. Examples of such techniques are seen in Ellis' Rational-Emotive-Therapy and cognitive restructuring methods as used by Kanfer and others.

In seeking a theoretical model as an underlying rationale for the development of an anxiety reduction procedure for use with school-aged students, a number of criteria were considered. In as the intervention was intended for use in public schools, it seemed essential that it (the intervention package) be educative rather than theraputic in nature, thereby being more appropriate for implementation in the educational enterprise. Additionally, the intervention format needed to be economical in terms of duration, implementation costs, number of students receiving training, and required training for implementation personnel. Lastly, an intervention was sought that would provide coping skills which would generalize to situations (or anxieties) beyond those specifically

addressed in the training.

Keeping these considerations in mind, a review and synthesis of the literature pertaining to anxiety and its amelioration led the authors to conclude that the optimal intervention could best be drawn from S-R and Cognitive theory-based techniques. Psychoanalytically-based interventions, while deemed effective in other settings, were seen as inappropriate for use in public schools, primarily as a result of their failure to meet the school-related criterion described earlier.

THEORETICAL FOUNDATION

The theoretical rationale for the developed intervention relies upon the observation that anxiety is a multi-faceted construct. While early theorists in the field of anxiety research viewed anxiety as a univariate construct, the development of factor analytic methods have allowed the explication of multiple aspects of anxiety. One such view is presented by Liebert and Morris (1967) who empirically derived from the Test Anxiety Questionnaire (Mandler and Sarason, 1952) a two-fold conceptualization of anxiety: Worry and Emotionality. Worry is described as the cognitive aspect of anxiety, that is, cognitive concern over one's performance and other self-directed ruminations which direct attention away from task relevant variables. Emotionality consists of physiological or autonomic arousal responses occuring before, during, or after the stressful situation. Examples of such responses include sweaty palms, increased heart beat rate, stuttering, and so forth. Interventions directed towards these two components of anxiety, Worry and Emotionality, have included systematic desensitization and deepbreathing/muscle relaxation training (for the emotionality aspect of anxiety) and rational-emotive-therapy and cognitive restructuring techniques (for the worry aspect of anxiety). These type interventions have

been found to be successful in reducing level of self-reported anxiety, but they have not consistently resulted in improved test and general academic performance. These findings have led other investigators to hypothesize that a third major component of test anxiety may be conceptualized as a Skills Deficit. That is, the test-anxious student may experience anxiety in evaluative settings as a result of a lack of skills necessary for performing successfully, such as effective study skills and appropriate test-taking skills. The socially anxious student may experience anxiety in social interactions as a result of poor interpersonal skills.

A review and synthesis of the lierature on anxiety theory and anxiety interventions strongly suggests, therefore, that the most effective anxiety intervention must address these three components of anxiety: Worry, Emotionality, and Skills Deficit. Accordingly, an intervention was designed having specific components to treat each of these three components of anxiety affecting students in the school setting.

SCHOOL STRESS MANAGEMENT TRAINING

The intervention developed is an integrated approach incorporating relaxation and deepbreathing training designed to deal with the Emotionality aspect of anxiety, cognitive restructuring techniques aimed at moderating the Worry aspect of anxiety, and specific skills training designed to remedy the Skills Deficit aspect of anxiety. Salient characteristics of the intervention include the following: it is educative in nature rather than theraputic, and it is designed to teach generalizable coping skills. The intervention is carried out over nine group meetings lasting approximately fifty minutes each. Techniques used include didactic presentation, group discussion, role-modeling , role-playing, and homework assignments.

The intervention, School Stress Managment Training (SSMT) includes three general phases: and educational phase, a skills acquisition phase, and an application training phase.

Educational Phase:

The objective of this phase is to provide a conceptual framework to participants for understanding the nautre of anxious responses to stressful situations. During this phase participants gain awareness of the various situations in which they feel anxious, awareness of their physiological and emotional responses to anxiety, and an awareness of their self-verbalizations in anxiety producing situations.

Skills Acquisition Phase:

The objective of this phase is to teach participants the essential skills needed for coping in stressful situations. During this phase participants are taught to develop and use a cue-controlled relaxation response. They are also taught to develop and use positive, task-relevant self-talk in order to gain cognitive control over their anxieties. Participants are also taught specific coping skills in areas which they experience a particular behavioral deficit. For example, the test-anxious student may be given training in study skills and test-taking strategies, the socially anxious student may be given training in assertive skills and public speaking skills.

Application Training Phase:

The objective of this phase is to test and reinforce the participants' successful use of coping skills while in actual stressful situations. This is accomplished in two ways. One way is through stress innoculation in which

the participant is exposed to stress in a contrived situation such as a pop test given to them in the group meeting. This can be made especially stressful if it is accompanied by instructions such as "Your teachers and principal have been concerned about the amount of time that you have been spending out of the classroom while participating in this group. In order to justify your being out of class so much, they have asked me to give you a test to see if this group experience has helped you. The test will be sent to the principal, so it is important that you score as high as you can, but be careful not to cheat." The other way in which application training is achieved is through outside assignments, in which the participants are asked to practice some of the skills they have been learning in actual, "in vivo," stressful situations in the school setting.

IMPLEMENTATION DATA

In the winter of 1977 the SSMT program was implemented with a group of counselor and self-referred test-anxious high school students in a large Sothwestern school district. The participants in this group conformed surprisingly well to the textbook definitions of the highly test-anxious student. All (N=6) were of documented average or above intelligence yet were unable to cope with examinations. Included in this group was one girl who experienced severe cases of hives the night before examinations. Another male student suffered from nausea during tests. Grade levels of participants ranged from 9-11. No control group was available. On a second ocassion, in the spring of 1977, the SSMT program was implemented to an intact group of hard-of-hearing high school students in the same school district as the first field testing. These students' teacher sought out the resources of the SSMT program, explaining that her students, as a result of their impairment, faced addtional anxieties

in the public school setting. These students (N=9) ranged in grades from 10-11. Again, no adequate control group was available.

The spectrum of data collected in both these field test experiences was rather minimal. Rather, the emphasis was on continued practical development of SSMT and its activities. To this end, these two groups proved themselves to be invaluable sources of learning. The first experience gave an overall impression of what activities were successful and which were not. The second group helped flesh out the smaller details of the training; the need for more leader modeling, the use of visual and verbal cues, the importance of properly arranging for and fading of behavioral prompts, and so forth. The second group also demonstrated the potential range of uses of SSMT. While originally designed to deal specifically with test anxiety, the skills training phase with this group also included training in public speaking and socially appropriate assertiveness. Despite a lack of true "hard" data to evaluate these two experiences, informal feedback and preliminary "soft" data collected was highly encouraging.

In an initial formal study, carried out in the winter of 1978, the effectiveness of the SSMT program was compared with partial training programs designed to treat only certain components of anxiety. The study involved sixty-eight high school students who were described by their teachers as having deficiencies in basic study skills and performing poorly on tests in spite of indications that they have average or above abilities. The treatment groups used in the study included: A) School Stress Managment Training (an integrated treatment for Worry, Emotionality, and Skills Deficits), B) Training for Worry and Skills Deficits, C) Training for Emotionality and Skills Deficits, and D) Training for Skills Deficits only. A unique aspect of this study was that all training sessions were implemented within the regular

curriculum of scheduled reading classes in which the experimental students were enrolled.

Outcome measures used to assess the effectiveness of the training programs included the Test Anxiety Inventory (Spielberger, et al, 1977), which directly measures Worry and Emotionality aspects of anxiety; the Survey of Study Habits and Attitudes (Brwon and Holtzman, 1965) which assesses skill deficits; and the California Achievement Test-Reading Comprehension Subtest, to assess the effects of the treatment programs on test performance. All outcome measures were administered immediately prior to and after training.

Preliminary analyses indicate that the combined treatment group (SSMT) was most effective in reducing test anxiety and impacting test performance in a positive direction. Further analyses are now being performed in order to determine which students benefit most from the various treatment groups used.

The SSMT program is also currently undergoing two other formal studies to investigate its effectiveness.